

STATE OF CALIFORNIA

DEPARTMENT OF GENERAL SERVICES

**COST ESTIMATE (CRITICAL HARDSHIP)**

STATE ALLOCATION BOARD

DEFERRED MAINTENANCE PROGRAM

SAB 40-12 (REV. 01/95)

SCHOOL DISTRICT	COUNTY	APPLICATION NUMBER 40/
SCHOOL (SITE) NAME	PROJECT CATEGORY (I.E., ROOFING)	FISCAL YEAR

CHECK ONE

- ☐ Preliminary Estimate (written estimate must be attached)
- ☐ Final Project Cost (Completion Notice must be attached)

**1. PLANNING** *(Approvable expenditures explained in attached letter)*

a. Architect/Engineering Fee	\$	
b. DSA/ORS Plan Check Fee <i>(if applicable)</i>	\$	
c. Other <i>(explain)</i>	\$	
d. Total Planning	\$	

**2. CONSTRUCTION** *Attach proposed work detail with an estimate signed by a contractor. If final cost, attach contract, specifications and completion notice.*

a. Repair/Replacement Cost	\$	
b. Other <i>(explain and attach justification i.e., change order)</i>	\$	
c. Total Construction	\$	

**3. TESTS** *(explain and attach justification)*

\$

**4. INSPECTION** *(explain and attach justification)*

\$

**5. CONTINGENCIES** *(if project is NOT completed, use five percent of Items 1 through 4)*

\$

<b>Total Project Cost</b>	\$
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CONTACT PERSON

TELEPHONE NUMBER

DISTRICT SUPERINTENDENT

DATE

